



American Hospital
Association

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April 7, 2011

Dear Representative:

On behalf of our more than 5,000 member hospitals, health systems and other health care organizations, and our 40,000 individual members, the American Hospital Association (AHA) wishes to state its opposition to the 44 percent cut in funding for the Hospital Preparedness Program (HPP) included in H.R. 1363, the Department of Defense and Further Continuing Appropriations Act of FY 2011. In light of the ongoing threats posed to the nation's health security by pandemics, terrorist attacks, earthquakes, hurricanes and other natural and man-made disasters, it is critical that federal funding for hospital preparedness be maintained. Instituting such a severe cut would cause significant harm to the HPP and, as a result, to overall hospital preparedness.

We see no reason that the HPP should be targeted for such draconian reductions. Over the past nine years, the HPP has enhanced overall hospital and health care system preparedness and response capabilities for emergencies, including building significant medical surge capacity and strengthening partnerships at the federal, local and regional levels. Resources, activities, services and plans funded through the HPP contributed to hospitals response to such disasters as the Tennessee flooding of 2010, the 2009 Fort Hood shootings in Texas, and the response to Hurricanes Gustav and Ike in Louisiana and Texas in 2008. Having a predictable and stable HPP funding stream is critical for hospitals' ability to continue to prepare for and respond to any disaster or emergency, including catastrophic-level disasters. HPP funding is used for, among other purposes, supporting hospital and community surge capacity; hospital disaster drills and exercises; the creation of caches of drugs, supplies and equipment; improvements to interoperable communications systems; situational awareness (tracking of beds, supplies and equipment); and decontamination capability.

We urge Congress *not* to move forward with the \$185 million cut to HPP funding included in H.R. 1363. This cut would halt the progress that has been made in hospital preparedness over the past decade. Instead, we urge Congress to fund the HPP at least at level funding, i.e., no less than the amount appropriated in fiscal year 2010.

Please do not hesitate to contact me or Roslyne Schulman, director for policy development, at (202) 626-2273 or rschulman@aha.org with any questions.

Sincerely,

Rick Pollack
Executive Vice President

